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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None (P)

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None (P)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VT	SHEETS DRAWING 22	TOTAL CLAIMS 23 21	INDEPENDENT CLAIMS 4 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: [Signature] Initials: [Initials]				

## ADDRESS

46170

## TITLE

METHODOLOGY OF QUANTIFICATION OF TRANSMISSION PROBABILITY FOR MINORITY CARRIER COLLECTION IN A SEMICONDUCTOR CHIP

FILING FEE RECEIVED 960	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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